

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-784-258**
APPLICANT(S)

FILING DATE **02-24-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13	1					
14		1				
15		2				
16		2				
17		2				
18		1				
19		1				
20	1					
21		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	22					
TOTAL CLAIMS	26					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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56						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						